

Susan Pauna, M.S., LCPC

PRIVACY PRACTICES

ACKNOWLEDGEMENT FORM

I have received the *Notice of Privacy Practices* and I have been provided an opportunity to review it.

Printed Patient Name: _____

Date of Birth: _____

Patient Signature: _____

Today's Date: _____

Only When Applicable

Legal Guardian Printed Name: _____

Legal Guardian Signature: _____

Today's Date: _____